### STATE OF NEW HAMPSHIRE

# 2017 Statement of Income and Expenses for LOBBYISTS

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(RSA Chapter 15) PLEASE PRINT

| I. Name of Lobbyist(s)   | Karen Soucy                                     |   |  | NEW HAMPSHIRE<br>DEPARTMENT OF STATE    |
|--|---|---|--|---|
| II. Name of lobbyist's par   | tnership, firm or cor                           | poration, if any:                           |  | - Wile                                  |
| Bianco Professio   | nal Association                                 |   |  |   |
| (Name of   | partnership, firm or corp                       | oration)                                    |  |   |
| 18 Centre Stree  | et  | Concord                                     | NH   | 03301                                   |
| Business Address: (Street)   |   | (Town/City)                                 | (State)  | (Zip Code)                              |
| ( 603 <u>225-7170</u> (Telephone)                                  | (603) 2   | 226-0165<br>(Fax)                           | e-mail ksoucy  | @biancopa.com                           |
| III. This statement covers<br>reportable expense transa            |   |   |  | y file a separate report for            |
| All reportable transacti   | ons occurring in the m                          | onths prior to the re                       | porting date relative to th                            | e following client:                     |
| OR (Fu   | Il Name of Client as it ap                      | opears on the Lobbyist                      | Registration Form)                                     |   |
| All reportable transaction unrelated to any particular             | •   | cluding the lobbyist'                       | s family), or the lobbying                             | g firm listed below which are           |
|  | pril 26, 2017 [] om date of registration to     | o 3/31/17 act.                              | July 26, 2017 X<br>ivity from 4/1/17 to 6/30/17        |   |
|  | ctober 25, 2017 []<br>ity from 7/1/17 to 9/30/1 | 7 <b>ac</b> c                               | January 31, 2018<br>tivity from 10/1/17 to 12/31.      | /17                                     |
| V. There have been no If this hox is checked, compared, NII 03301. | fees received and nodete just this form and     | o reportable tran<br>I submit it to the Sec | sactions made since t<br>retary of State's Office, S   | he last report. Ustate House, Room 204, |
| VI. Check if additional re   | -   | res vou must file Ac                        | Idendum A– Fees and E                                  | xpenses                                 |
| If you have paid an ho<br>Expense Reimbursement                    |   |   |  |   |
|  | our family has made po                          | olitical contributions                      | , you must file Addendu                                | m C Political Contributions             |
| and complete to the best of (Signature of lobbyist)                | 15-B, RSA 14-C and F<br>my knowledge and be     | RSA 664 and hereby elief.                   | swear or affirm that the $\frac{7/19/117}{\text{(Da}}$ | foregoing information is true           |
| (Print Name of lobbyist)   |   |   |  |   |

## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

| II. Name of lobbyist's partn   |   |                           |   |
|--|---|---------------------------|---|
| A. A.  | iership, firm or cor                            | poration, if any:         |   |
|  | sional Association                              |                           |   |
| (Name of partne  | ership, firm or corporation)                    |                           |   |
| III. Name of Client  |   |                           | Date 07/18/2017   |
| Political Contributions For each political contribution client/lobbyist and lobbying           |   |                           | ter 664 paid on behalf of the   |
| Full name of candidate: Co   |   | t House Democrats         |   |
|  | (Last Name)                                     | (First Name)              | (Middle Name/Initial)   |
| Amount of contribution \$3   | 0.00  | Office Candidate i        | s Seeking   |
|  |   |                           |   |
|  |   |                           |   |
| Full name of candidate:  | (Last Name)                                     | (First Name)              | (Middle Name/Initial)   |
| Amount of contribution \$  | (Last Name)                                     | (First Name)              | (Middle Name/Initial)   |
| Amount of contribution \$  If the contribution is an in-kind                                   | 1 contribution, provide ibution on the line abo | a description of the good | (Middle Name/Initial)  ds or services provided, and enter thution. If the actual cost is not know |
| Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contri | 1 contribution, provide ibution on the line abo | a description of the good | ds or services provided, and enter th   |
| Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contri | 1 contribution, provide ibution on the line abo | a description of the good | ds or services provided, and enter th   |

| nter an estimated value and the word "estimate."   |   |
|--|---|
|  |   |
|  |   |
|  |   |
| If more than three contributions were made, report addi                                    | itional contributions on separate addendum C forms.)                      |
| Sworn Statement/Affirmation by Lobbyist  |   |
| I have read RSA 15, RSA 15-B and RSA 664 is true and complete to the best of my knowledge. | and hereby swear or affirm that the foregoing information dge and belief. |
| X  |   |
| (Signature of lobby M)   | <u>07/18/2017</u><br>(Date)   |
| (Signature of lobby)(1)  Karen N. Souch  |   |
| (Print Name of lobbyist)   |   |